

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/581967**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0	X			
12		0				
13		0	X			
14		0				
15		0		0		
16	/		/			
17		0		/		
18		0		/		
19		0		/		
20		0	X			
21		0				
22		0		0		
23	/		X			
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49						
50						
TOTAL IND.	3		4			
TOTAL DEP.	20		16			
TOTAL CLAIMS	23		20			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						